



**County Borough of Warley**  
**Education Committee**

# **School Health 1970**

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**ANNUAL REPORT**  
**of the**  
**Principal School Medical Officer**  
**for**  
**1970**

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**RICHARD J. DODDS, M.B., B.S., D.P.H.,**  
**Medical Officer of Health, Chief Welfare Officer,**  
**Principal School Medical Officer**



# SCHOOL HEALTH 1970

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## Annual Report of the Principal School Medical Officer of Warley

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### CONTENTS

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	<i>Page</i>
<b>PART ONE</b>	
The Principal School Medical Officer's Introduction	5
<b>PART TWO</b>	
The work of the School Health Service during the year   ...   ...   ...   ...   ...   ...   ...   ...	9
<b>PART THREE</b>	
The Principal School Dental Officer's Report   ...	12
<b>PART FOUR</b>	
Brief details of work of School Health Service   ...	14
<b>PART FIVE</b>	
Statistical Tables as supplied to Department of Education and Science   ...   ...   ...   ...	32

## SCHOOL HEALTH SERVICE STAFF

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### PRINCIPAL SCHOOL MEDICAL OFFICER:

R. J. Dodds, M.B., B.S., D.P.H.

### DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER:

R. F. Joanes, M.B., B.S., D.P.H.

### SENIOR SCHOOL MEDICAL OFFICERS:

M. Sheila A. Carroll, M.B., B.Ch., B.A.O., D.P.H.

T. Anderson, M.B., Ch.B., D.P.H.

### SCHOOL MEDICAL OFFICER:

Anne Napier, M.B., Ch.B.

### PART-TIME AND SESSIONAL SCHOOL MEDICAL OFFICERS:

Patricia W. R. Anderson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.

Ann Benn, M.B., Ch.B.

Janet Riley, M.B., Ch.B., D.C.H. (to 30/11/70)

Frances Campbell, M.B., Ch.B.

Jean E. Cumming, M.B., Ch.B.

Patricia Hadden, M.B., Ch.B., D.Obst.R.C.O.G.

W. Mary Lambourne, M.B., Ch.B.

D. W. Simpson, M.B., Ch.B.

V. A. Lloyd, M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H. (to 28/7/70)

E. M. McFall, M.B., B.Ch., B.A.O.

W. Cowan Crawford, L.R.C.P., L.R.C.S., L.R.F.P.S., (from 8/4/70)

Helen Humphries, M.B., B.Ch., D.C.H. (to 19/5/70)

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H. (from 19/10/70)

### OPHTHALMIC SPECIALISTS (SESSIONAL):

Guy F. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

J. A. Cox, M.B., B.S., D.O.

S. W. Kingsley-Norris, B.Com.Birm., M.R.C.S., L.R.C.P., D.O.

J. A. Austin, M.B., Ch.B., D.O., D.O.M.S. (from 9/11/70)

M. Hussain, M.B., B.S., D.O.

### PRINCIPAL SCHOOL DENTAL OFFICER:

J. Charlton, L.D.S., B.D.S., D.D.H., D.D.P.H.

### DEPUTY PRINCIPAL SCHOOL DENTAL OFFICER:

Ursula M. Sanders, B.D.S. (from 1/2/70)

### SENIOR SCHOOL DENTAL OFFICER:

Janet B. White, B.D.S.

### SCHOOL DENTAL OFFICERS:

Margaret MacLeod, B.D.S.

R. Pillai, B.D.S.

Giovanna M. Baileff, B.D.S. (from 5/1/70)



SESSIONAL SCHOOL DENTAL OFFICERS:

G. S. Taylor, B.D.S., L.D.S., F.D.S. (to 23/2/70)  
D. Boot, B.D.S. (from 17/8/70 to 2/10/70)  
A. Sandham, L.D.S., B.D.S. (from 1/7/70 to 29/7/70)  
T. S. Rupra, B.D.S. (to 11/12/70).  
P. H. Gordon, B.D.S.  
P. Jacobsen, B.D.S., L.D.S.  
Judith A. Horsfield, L.D.S. (to 29/7/70)  
Y. Sadiq, B.D.S. (from 19/8/70)  
D. F. Ridler, L.D.S. (from 28/9/70)  
Jane Kirwan, B.D.S., L.D.S. (from 12/10/70 to 12/11/70)  
R. S. Levine, B.D.S. (from 6/10/70)

DENTAL AUXILIARIES:

Heather Reed (to 30/6/70)  
Barbara A. Lacka (to 29/11/70)

ANAESTHETIST:

H. Barrada, M.B., Ch.B., M.R.C.S., L.R.C.P.

PRINCIPAL NURSING OFFICER:

Dorothy Hunt, S.R.N., S.C.M., H.V.Cert.

SENIOR HEALTH VISITOR/SCHOOL NURSE:

Mary Adams, S.R.N., S.C.M., H.V.Cert.

GROUP ADVISERS/SCHOOL NURSES:

Johanna I. Howard, S.R.N., S.C.M., H.V.Cert. (part-time)  
Margaret Brown, S.R.N., S.C.M., H.V.Cert. (part-time)  
Joan E. Barlow, S.R.N., S.C.M., H.V.Cert. (from 1/1/70)

PHYSIOTHERAPIST:

Carol V. Sammons, M.C.S.P.

SENIOR SPEECH THERAPIST:

Marjorie L. Ingamells, L.C.S.T.

SPEECH THERAPISTS:

Zelda B. Statman, L.C.S.T.  
Maria P. Sharpe, L.C.S.T. (from 3/9/70)

CLERICAL STAFF:

*Administrative Assistant:* T. K. Boston

Doris C. Tipping  
Nona L. Rogers  
Winifred Stanford

Christine M. Walker  
Kathleen Bell  
Jacqueline A. Smith (to 30/9/70)  
Gail L. Cockburn (from 1/10/70)

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Mr. A. Hurst

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„ Mrs. Keeling

„ W. Carter

Mr. A. E. Harris, J.P.

Mr. A. Hurst



# SCHOOL HEALTH 1970

## Part I

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my fifth report as Principal School Medical Officer. Last year on this page I referred to the many uncertainties which face local government and the school health service in particular. When opening this letter I can only say that some of our former doubts have perhaps disappeared only to be replaced by new ones caused by a second White paper on the reorganisation of local government. The third discussion document expected on the unification of the National Health Service may settle some of these doubts. The position of the School Health Service is not yet clear, though it may be in twelve months time. Because of the great volume of vital work done for our school children there is no doubt in my mind however that there must be a significant future for a school health service even though its organisation may well be different from the present School Health Service.

For many years I have been urging in these reports and elsewhere the importance of the establishment of a child guidance service. I therefore welcomed the appointment in 1969 of an educational psychologist as a first small step towards such a service. The psychologist moved on however to another job during the year and we have as yet been unable to secure a replacement. Fortunately one of our remedial teachers was seconded on to the appropriate course of training and will be returning in mid-1971. The king pin of a child guidance clinic is however the child psychiatrist; for an authority the size of Warley this would be a part-time appointment. After many years of pressure the Regional Hospital Board found themselves able to advertise a new post of consultant child psychiatrist to provide services in Warley, Dudley, West Bromwich and Walsall. An appointment was made in October 1970 and we shall be particularly pleased to welcome Dr. Helen Lloyd when she takes up her duties early in 1971. I do not wish to give the impression that we have been entirely without child psychiatric advice as considerable assistance has been given by Drs. Crawford and O'Brien at Dudley Road Hospital, Dr. Barker at the Charles Burns Unit and Dr. Varley at the Children's Hospital. During 1970 there were in fact more referrals of potentially maladjusted children for psychiatric advice. The problem of educating maladjusted children is a growing one and it has been exercising the minds of the Education Committee. Hitherto a small number of children who show serious signs of maladjustment have been educated at great cost in remote parts of the country in residential schools, places at which are very difficult to secure. After a period of time a good proportion of the children become tolerably well adjusted to the carefully controlled regime and environment of the residential school. On return to Warley however the interplay of family relationships in the home environment sometimes tends to revive old wounds or alternatively the family may have found a new equilibrium during the absence of a disturbing influence. In either case the result may be that the returning young person feels himself shut out and something of a stranger. On the



face of it therefore there is a good case for a special day school for the less seriously disturbed child as well as children with certain other manifestations of maladjustment who could be educated in the day school situation. An examination of the waiting lists of children categorised as maladjusted and visits to a number of day schools by members of the Education Welfare Sub Committee led the Education Committee to accept a recommendation that a small day school for fifty maladjusted pupils should be built in Warley. This school will be opened in 1971 and will be referred to, possibly at length, in the next report.

The opening of the Knowle School, our second day school for educationally subnormal children was an event of the year. The establishment of another such school obviously has had a very favourable effect on the waiting list of children for this form of schooling. There will now be a greater chance of securing the admission of those who need special help with their education at an age when the special facilities and smaller classes can be of the most benefit. A number of children were transferred from the Arden School to establish geographical catchment areas for the two schools. I am indebted to the two headmasters Mr. J. M. Adair of Arden School and Mr. E. Jones of Knowle School for their reports which will be found on later pages. Much good work continues to be done at the Firs School which is well covered in Mrs. D. Davis' report. Each year brings more severely physically handicapped children to the Firs; in future the emphasis in the school will be less and less on delicate children. Alterations to the school are at the drawing board stage; when they come to fruition the special facilities at the school will be still further increased. The report by Mrs. Ingamells, Senior Speech Therapist, has much of interest; as Dr. Joanes has commented on the service at some length I will confine myself to welcoming the appointment of a third speech therapist in 1970. Throughout the year Dr. Joanes continued very ably to supervise the day to day work of the School Health Service and has dealt with a number of matters in part two of this report. These include the ascertainment of educationally subnormal children, the latest developments in speech therapy and our increasing need for special day facilities for the education of a small number of partially hearing children.

I am pleased to place on record that there has been a substantial increase in the number of requests from head teachers for health education talks in the schools. Health Visitors are being asked to give talks on personal hygiene and menstruation in junior as well as secondary schools. Other subjects dealt with by the Health Education Officer and nursing staff have been anatomy and physiology, dangers of smoking, dental health (also covered, of course, by the dental staff), sex education and venereal disease, drug abuse, safety at home and at work and first aid. A wide selection of films are used to illustrate these various subjects and films recently added to the library include ones on drug addiction and venereal disease. These and other films are readily available for meetings of parent teacher associations; application should be made to the Health Department. The way head teachers have welcomed the Health Education Officer, Mr. R. J.



Belding, into their schools is encouraging. He has given 96 talks to some 4,600 children during the year. In addition and perhaps more importantly he has supplied background information and visual aids to assist teachers.

Before turning to the School Dental Service I have pleasure in drawing attention to the academic success achieved by the Principal School Dental Officer, Mr. J. Charlton who was seconded by the Authority on to a one year's part time course leading to the Diploma in Dental Health which he obtained with merit. The Principal School Dental Officer's report draws attention to very satisfactory improvements in the dental service being provided for our children. This improvement is both quantitative and qualitative as more work is being done and the trend towards conservation continues. We were sorry to lose both our dental auxiliaries during the year. Unfortunately there is still only one training school for these young women who can not only undertake a useful range of treatment under supervision but are making an increasingly important contribution towards dental health education. In co-operation with the head teachers Mr. Charlton has made progress towards reducing the sale of dentally-harmful sweets in the school tuckshops. The results are now coming to hand of the beneficial effects which result from the correction of the deficiency of fluoride in the Birmingham water supply. The benefits are showing all too clearly in the mouths of young Birmingham children when comparisons are made with the teeth of children of the same ages who have been born and bred in neighbouring areas, the water supply of which, like that of Warley, is deficient in fluoride content. Not for the first time one must question why the teeth of our children are being prevented from growing to full perfection of structure and decay resistance all for the want of a simple correction in the fluoride content of the water supply. The highly vocal but otherwise insignificant organisations which have waged such an effective delaying action against fluoridation have a great deal for which to answer.

Over 6,000 children had full periodic medical examinations during 1970 and 6,500 other medical examinations were made. In fact the volume of routine school health work continues to increase. One of the reasons for this increase is the steady growth in school population which totalled 27,582 compared with 26,605 in 1969. This rise contrasts with the supposed steady decline in the population of Warley according to the annual estimates published by the Registrar General. The methods used to obtain these annual estimates cannot produce an accurate figure and we shall have to wait until the first results of the 1971 Census are available before anything like an exact figure can be known. In any event the contrast between the growth in the number of school children during the last few years and the decline in the general population if confirmed points to the perhaps surprising fact that the present trend of the population of Warley is to become younger than average. An important function of the School Health Service is the screening of the whole of the school children at appropriate intervals for defects of the special senses—vision and hearing. The testing of the seemingly normal brings to light a large number of defects earlier than would have been the case otherwise. Many of



these defects can be cured or the effects mitigated; a proportion of them might well be or have become educational handicaps. In this connection increasing use is being made of the electrical vision screener with the help of which a nurse is able to check quickly not only visual acuity and eye balance to detect any latent tendency to squint but also the colour vision.

When dealing with infectious disease and its prevention one must in an industrial area like Warley start with tuberculosis even in these days. This may serve to re-emphasise the infectious nature of the disease in its adult form though not fortunately in its usual form in childhood. Over 200 children came under observation at one of the Chest Clinics but only one was found to be suffering from tuberculosis. There was a seeming reduction in the number of children whose parents wished them to have the protection against tuberculosis provided by B.C.G. vaccination. The apparent fall in numbers was due largely to the fact that in 1969 for the first time quite a number of 12-year-old children had been vaccinated with their classmates aged 13. This year there were fewer eligible children therefore.

Preliminary skin testing showed that 11.6% of this age group had been in contact with tuberculosis infection in the past; this does not mean they had suffered from the disease. It is satisfactory to note that the percentage was smaller than last year. The campaign for the prevention of acute infectious disease was further developed when immunisation against rubella (german measles) became available for the first time during the year. It is of course well known that an attack of german measles during the earliest months of pregnancy can have very serious effects on the unborn child resulting in a considerably increased risk of deafness and blindness, of heart and other defects. The aim of the present campaign is to protect girls between their eleventh and fourteenth birthdays with priority for those in their fourteenth year. A previous attack of rubella leaves generally satisfactory natural protection against the disease. The difficulty is that the disease is usually so mild and the rash so fleeting that a proper diagnosis may not have been reached or the occurrence of the illness is often forgotten. A good start was made with rubella vaccination and after some years the benefits of this campaign will begin to be felt when a progressive reduction in the number of babies born with abnormalities is found.

Again I wish to express my appreciation to the Chairman and Members of the Education Welfare Sub-Committee and to the Chief Education Officer and his staff for the way school health service matters have been dealt with during 1970. Most of the very large volume of the day to day work of the School Health Service has been handled by Dr. Joanes and Mr. Boston and the staff of the school health section. My warm thanks are due to them for all the good work during the year.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

RICHARD J. DODDS,

*Principal School Medical Officer*



## Part II

### WORK OF THE SCHOOL HEALTH SERVICE DURING 1970

I am indebted to the Deputy Principal School Medical Officer, Dr. R. F. Joanes for the following:

The School Health Service has continued to occupy a large number of staff in the Health Department with a considerable amount of work. This has been increasing over the years and no doubt will be a continuous trend of the future. Part of the increased work load may be attributed to an increase in school population of over 2,000 since the formation of Warley in 1966.

One of the main events of the year was the opening of the Knowle School for educationally subnormal pupils. The ascertainment of pupils referred by head teachers for backwardness has been proceeding at a high level for some time, thus a large number of children were examined during the year. Until the opening of the new school the waiting list was increasing steadily but this was considerably reduced when the school came into operation at the beginning of the summer term. It was originally hoped that one class would be set aside for a five to seven year group of children. Unfortunately the large number who still need placement has meant that the classroom will be needed for the usual age range. This is to enable certain children to be placed who might otherwise have been left at ordinary schools for some considerable period of time. At the time of writing, however, the Education Committee have another plan for dealing with the five to seven year group of children who cause so much difficulty to head teachers in the primary schools. Many of these children need prolonged observation by the school health team before a definite decision can be made as to their best placement. Such a class when set up would enable them to be observed more conveniently in a group rather than scattered in various schools throughout the Borough. It is of some interest that the number of children ascertained as educationally subnormal is higher than the latest figure of the average throughout the country, given by the Department of Education and Science. There are several reasons for this and it does not necessarily indicate that the educational level in the Borough is below average. It is more likely to reflect a greater degree of awareness by head teachers that these children are in need of help and are referring them as soon as possible. It is only to be hoped that further facilities will be provided so that these children when ascertained are found a place in a special school as soon as possible. Calculations based on commonly accepted levels of provision of places for handicapped pupils indicate that a third day E.S.N. school would be necessary if we are to reduce the waiting list which still exists to more manageable proportions. We would then have the highly desirable conditions which existed in Smethwick before the amalgamation where admission to a day school for E.S.N. pupils could take place promptly thus enabling the handicapped child to benefit from special education as soon as possible.

During the course of the year the Education Committee reviewed the waiting list for speech therapy which was growing visibly and



agreed to the appointment of a third full-time Speech Therapist. We were able to welcome on our staff a newly qualified Speech Therapist who had made visits of observation to this authority when working as a student at the North Birmingham Technical College. As a result we are happy to report that the waiting list for speech therapy has been reduced. Other students from the Technical College have continued to make visits of observation to our Clinics. A close link has been kept therefore with up to date methods of training. This has meant extra work for the speech therapy team, but on the other hand has been very stimulating. Speech Therapy is now developing quite rapidly in its methods and aims and so we have kept in touch with the latest methods of treatment. One of the changes which is becoming apparent is that speech therapy is being applied at an earlier age than was formerly considered practicable. Apart from children with defective speech, many children enter infant school with a very poor capacity for communication. This makes education difficult for the head teachers concerned and holds back the development of language skills which are so necessary for a child to take its place in the main stream of education. Often this lack of communication is dependent on environmental factors. This is particularly noticeable in West Indian children many of whose parents have full-time occupation and do not give the stimulation at home necessary for proper language development. It is not unusual for one parent to work in the day and the other parent to work at night. Under these circumstances the parent who works at night has the care of the young children during the day; the situation then exists of children being kept quiet for most of their waking time so that the parent can get some sleep.

It was mentioned in the last report that a small group of children attend the Edith Sands Nursery School for observation and investigation. This has proved to be an extremely worthwhile venture. Special assessment sessions are held when a physical examination is carried out together with a hearing test. Parents are encouraged to attend to discuss their problems with the School Medical Officer and staff of the school. Where deafness is suspected the child is referred immediately to an Ear Nose and Throat Consultant. Case conferences are also held at regular intervals when the progress in school, home background and results of tests are collated. Where necessary an appropriate referral to hospital is arranged. Some very encouraging results have been obtained already in the improvement of individual children quite apart from the assessment aspect which is of course of paramount importance. Not a small measure of its success has been a great deal of help and interest in the project on the part of the head teacher, Miss Chandler. The enthusiasm of the speech therapy team has been another major factor.

It is of interest that referrals for speech therapy are almost exclusively from the infant and junior schools. This is a welcome trend and indicates that speech problems are being recognised and dealt with earlier, thus enabling the child to overcome his problems sooner than heretofore. The fact is that with the increase in school population, the extra work building up in our special schools (two more have been added at the time of writing with the transfer of junior training centres



to the Education Department and a third for maladjusted children is being built) and a better coverage of the younger age groups, we are getting to the position where the staff available is again becoming insufficient for our needs. There is no doubt that the shortage of speech therapists which is a national one has coloured our thinking over the years of the number needed. It should also be mentioned that Mrs. Ingamells our Senior Speech Therapist was invited to give a talk at the National Conference of Speech Therapists on intensive treatment. As a result we have had a number of visitors from different parts of the country, some of whom we understand will be setting up intensive treatment groups in their own authorities.

The intake of physically handicapped pupils to the Firs School has remained steady since 1969. There are reasons to believe, however, that in 1974/75 there will be an increase in the number of children with spina bifida needing special education. It can be expected that other kinds of handicap may also be on the increase possibly due to a better chance of survival with current advances in surgery. In recent years Warley has tended to build up the facilities at the Firs School for dealing with physically handicapped children and a solid base has been built with an increased provision of equipment and better facilities for physiotherapy. Plans for adding a small swimming pool for hydro-therapy and general use by delicate children are well in hand. If this project can be completed a very useful addition will have been created. In the long term a nursery group must be started so that the young physically handicapped child can be assessed earlier and given an opportunity to mix with other children before reaching statutory school age because so many of these children are brought up in a rather over-protective environment.

During the year we have experienced difficulty in placing children who have been assessed as partially hearing. It is of course possible in the future that the numbers of these children will fall with earlier ear, nose and throat treatment in hospital. We usually have less difficulty in placing a deaf child. At the time of writing the Education Committee is examining this matter further to see if we could provide some facilities for ourselves. It is to be hoped that suitable arrangements will be put into the building programme in the not too distant future.

Although these remarks illuminate some of the highlights of our year's work, nothing would have been accomplished without the help and guidance of Dr. Dodds, the help of the medical staff, Mr. Boston and the staff of the School Health Section.

## Part III

### REPORT ON THE SCHOOL DENTAL SERVICE FOR 1970

In view of the national shortage of qualified dental surgeons, it is very pleasing to be able to report a considerable improvement in the staffing position for Dental Officers in the Warley School Dental Service for the year. In fact, twenty-five per cent more treatment sessions were worked in 1970 than in 1969, giving Warley one of the best dentist patient ratios in the Midlands. Among the Dental Surgeons recruited to the service during 1970 was Miss M. Sanders, B.D.S., who took up the post of Deputy Principal School Dental Officer in February in succession to Mr. R. Bell who resigned the previous year. The staffing position with regard to Dental Auxiliaries, however, declined and by the end of the year we had been unable to replace either of the Dental Auxiliaries who had left the service. Active steps were taken to remedy this problem and it is hoped that the situation will improve during 1971.

The dental statistics for 1970 reflect the improvement in the staffing position. Something like twenty-four per cent more patients were treated in 1970 with twenty-five per cent more fillings and ten per cent more extractions undertaken. This again highlights the continuing trend towards conservation and away from extraction and would be shown to be even more dramatic if teeth extracted for orthodontic reasons were deducted from the overall extraction figures. Happily this trend is even more encouraging in deciduous teeth. In 1970, forty-three per cent more deciduous teeth were filled and yet only seven per cent more were extracted and the ratio of deciduous teeth filled to those extracted rose from 0.85:1 in 1969 to 1.13:1 in 1970. The main disappointment during the year was the drop of twenty-nine per cent in the number of patients treated with topical fluoride solution. This was due to the loss of two Dental Auxiliaries.

As a result of the controversy over School Tuck Shops following my annual report last year, there has been a lively interest in the preventive aspect of the work of the School Dental Service. Throughout the latter part of 1970, discussions between various members of the dental staff and the Head Teachers took place. It was apparent that there was support from many of the Head Teachers for the point of view that certain dentally harmful foodstuffs should not be sold in School Tuck Shops, and I would wish to make it quite clear that for a considerable time quite a number of Heads have only allowed foodstuffs to be sold which are accepted as being both nutritious and not likely to lead to dental decay. As a result of these discussions, however, further numbers of Head Teachers have agreed to control their Tuck Shops in similar fashion and there can be little doubt that much of the misunderstanding about the attitude of the School Dental Service towards School Tuck Shops has been removed. I would like to express my gratitude to Mr. A. E. Harris, J.P., Head Master of Crocketts Lane Junior School and a Teacher Representative on the Education Committee, for his considerable help and encouragement over this particular problem.



One cannot consider the preventive work of the School Dental Service without reference to the most important preventive measure available to us at the moment, namely, the fluoridation of the public water supply. Results have recently been published of a study by J. F. Beal, of the Department of Dental Health of the University of Birmingham, comparing the number of decayed, extracted and filled teeth, (d.e.f.) in five year old children in the Balsall Heath and Northfield districts of Birmingham and in Dudley. The Birmingham children had been drinking fluoridated water and those in Dudley had not. The results showed that between 1967 and 1970 there had been a reduction of 62.4 per cent d.e.f. in Balsall Heath children, a reduction of 50.10 per cent in d.e.f. in Northfield children and an increase of 2.4 per cent in d.e.f. in Dudley children. Even more dramatic were the actual figures for d.e.f. for each area in 1970: Balsall Heath 1.94, Northfield 2.45, and Dudley 5.09. These results are but further evidence of the benefits of fluoridation, benefits which ought to be made available to the children of Warley.

In conclusion, I would like to thank the Dental Staff for their support during the year, and especially Miss Mary Sanders, Deputy Principal School Dental Officer, and Mrs. Sylvia Hancox for coping with the extra duties that arose while I was engaged on the Dental Health Course. I would also like to thank the Head Teachers, Teaching Staff and School Secretaries for their help and co-operation with our service and particularly those who have taken such an active interest this year in our dental health work. Finally, I would like to thank Dr. Dodds and the Staff of the Health Department for their valuable assistance.

J. CHARLTON,

*Principal School Dental Officer*

## Part IV

### NOTES AND NUMERICAL DETAILS OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE TWELVE MONTHS ENDED 31st DECEMBER, 1970

#### SCHOOL ACCOMMODATION AND POPULATION

Education for Warley children is provided in 60 primary schools and 22 secondary schools, the latter including one grammar school for boys, one grammar school for girls, two grammar schools for boys and girls, one technical school for boys and girls and one comprehensive school. In addition there are three nursery schools and three special schools—a school for physically handicapped and delicate children and two schools for educationally subnormal children. There are nursery classes at Abbey Infant, Crocketts Lane, Corbett Street, Oldbury Road and the Uplands Schools.

Details of the numbers of children on roll are set out below:—

PRIMARY SCHOOLS					No. on Roll (shown on Form 7 January, 1971)
Abbey Road Junior	...	...	...	...	398
Abbey Infant	...	...	...	...	340
Albion Junior	...	...	...	...	352
Annie Lennard Infant	...	...	...	...	209
Bearwood Road Junior and Infant	...	...	...	...	436
Blackheath Junior	...	...	...	...	242
Blackheath Infant	...	...	...	...	199
Bleakhouse Junior	...	...	...	...	299
Brandhall Junior	...	...	...	...	275
Brandhall Infant	...	...	...	...	189
Brasshouse Lane Infant	...	...	...	...	240
Brickhouse Primary	...	...	...	...	162
Cape Junior	...	...	...	...	390
Cape Infant	...	...	...	...	239
Causeway Green Junior	...	...	...	...	350
Causeway Green Infant	...	...	...	...	240
Corbett Street Infant	...	...	...	...	290
Corngreaves Primary	...	...	...	...	330
Cradley Heath Infant	...	...	...	...	68
Crocketts Lane Junior	...	...	...	...	407
Crocketts Lane Infant	...	...	...	...	289
Devonshire Road Junior	...	...	...	...	535
Devonshire Road Infant	...	...	...	...	413
George Betts Primary	...	...	...	...	526
Grace Mary Primary	...	...	...	...	280
Highfields Primary	...	...	...	...	490
Langley Junior	...	...	...	...	262
Langley Infant	...	...	...	...	216

Lightwoods Primary	...	...	...	...	353
Merry Hill Infant	...	...	...	...	98
Moat Farm Junior	...	...	...	...	591
Moat Farm Infant	...	...	...	...	315
Oakham Primary	...	...	...	...	506
Oldbury Road Infant	...	...	...	...	230
Old Hill Primary ...	...	...	...	...	292
Perryfields Primary	...	...	...	...	318
Reddal Hill Primary	...	...	...	...	135
Rood End Junior ...	...	...	...	...	331
Rood End Infant ...	...	...	...	...	249
Rounds Green Junior	...	...	...	...	409
Rounds Green Infant	...	...	...	...	229
Rowley Hall Primary	...	...	...	...	511
Springfield Junior ...	...	...	...	...	225
Springfield Infant	...	...	...	...	120
Temple Meadow Primary	...	...	...	...	304
Timbertree Primary	...	...	...	...	155
Tivdale Primary ...	...	...	...	...	328
Tivdale Hall Primary	...	...	...	...	270
Uplands Junior ...	...	...	...	...	399
Uplands Infant ...	...	...	...	...	334
Warley Infant ...	...	...	...	...	226
Waterloo Road Primary	...	...	...	...	243
Whiteheath Infant ...	...	...	...	...	233
Good Shepherd C.E. Primary	...	...	...	...	231
Christ Church C.E. Infant	...	...	...	...	147
St. Francis Xavier's R.C.	...	...	...	...	211
St. Gregory's R.C. Primary	...	...	...	...	263
St. Hubert's R.C. Primary	...	...	...	...	247
St Matthew's C.E. Primary	...	...	...	...	238
St. Philip's R.C. Primary	...	...	...	...	239

## SECONDARY SCHOOLS

No. on Roll  
(shown on Form 7  
January, 1971)

Albright Boys	...	...	...	...	...	336
Albright Girls	...	...	...	...	...	343
Bristnall Hall Boys	...	...	...	...	...	374
Bristnall Hall Girls	...	...	...	...	...	381
Cradley Heath	...	...	...	...	...	259
Holly Lodge Boys ...	...	...	...	...	...	708
Holly Lodge Girls ...	...	...	...	...	...	636
Macefields (Boys and Girls)	...	...	...	...	...	276
Oldbury Grammar	...	...	...	...	...	558
Oldbury Technical	...	...	...	...	...	561
Perryfields	...	...	...	...	...	421
Rowley Regis Boys	...	...	...	...	...	420
Rowley Regis Girls	...	...	...	...	...	289
Rowley Regis Grammar (Boys and Girls)	...	...	...	...	...	521
Sandwell Boys	...	...	...	...	...	367



Sandwell Girls	...	...	...	...	...	286
Shireland Girls	...	...	...	...	...	331
Smethwick Hall Boys	...	...	...	...	...	429
Smethwick Hall Girls	...	...	...	...	...	418
Tividale Comprehensive	...	...	...	...	...	914
Uplands Boys	...	...	...	...	...	369
St. Michael's C.E....	...	...	...	...	...	245
SPECIAL SCHOOLS						
Firs ...	...	...	...	...	...	80
Arden	...	...	...	...	...	127
Knowle	...	...	...	...	...	118
OTHER						
Britannia Park Nursery	...	...	...	...	...	44
Cradley Heath Nursery	...	...	...	...	...	44
Edith Sands Nursery	...	...	...	...	...	81
TOTAL SCHOOL POPULATION						27,582

## SPECIAL SENSES

### VISION

School children's vision is tested annually either at school medical inspections or by vision screening.

The number of children examined during the year at school medical inspections whose vision was found to be defective was 672 of whom 186 were referred by school doctors as new cases for refraction. The former figure includes all those children seen at school medical examinations whose visual defect had been ascertained previously and who were already receiving treatment. In addition 50 cases of squint were referred to an Ophthalmic Surgeon for treatment. The percentage of defects under this heading was 11.92% of the children examined.

The following is a summary of the work carried out at the Ophthalmic Clinics during the period:

Total number of children examined	...	...	...	1,616
Total number of glasses prescribed	...	...	...	753
Total number of treatments	...	...	...	127
Referred to hospital	...	...	...	18
New Cases	...	...	...	480
Glasses prescribed	...	...	...	212
Treatments	...	...	...	2
Referred to hospital	...	...	...	8
Re-examinations	...	...	...	1,053
Glasses prescribed	...	...	...	528
Treatments	...	...	...	124
Referred to hospital	...	...	...	10
Toddlers examined	...	...	...	83
Glasses prescribed	...	...	...	13
Treatments	...	...	...	1
Referred to hospital	...	...	...	—

The procedure commenced in 1968 has continued whereby children are given a colour vision test at the age of 11 years instead of 14 years as previously. Children over the age of 11 years will continue to be tested at the age of 14 years until the new procedure is fully operational.

## HEARING

The testing of hearing is carried out by the school nurses on children soon after their admission to the Junior School. Other children may be referred from clinics, school medical inspections and by the Head Teacher or Speech Therapist. Any child with a hearing loss is referred to an audiometric clinic where the audiogram is checked and further testing carried out by a medical officer. Children may be given advice, referred to the family doctor for treatment or, where appropriate, to an ear and throat surgeon. During the year 2,083 children were examined for hearing defects and 363 were referred for further hearing investigation.

One audiometric session is held each week at the Cape, "Hollies" and Harvest Road Clinics. 735 children were seen at the Clinics and recommendations were made as follows:—

(1) Refer to general practitioner	...	...	...	18
(2) Refer to ear and throat surgeon	...	...	...	23
(3) Refer to other clinics...	...	...	...	6
(4) Continue to observe	...	...	...	441
(5) Discharge	...	...	...	247

## INFECTIOUS DISEASES

### 1.—TUBERCULOSIS

#### PREVENTION

At the beginning of the year the parents of all 13 year old school children were offered the opportunity of having their children in this age group protected if necessary against tuberculosis by use of B.C.G. vaccine.

The following table shows details of B.C.G. vaccination during 1970. It is very gratifying to report an acceptance rate of 81.4%.

	1970
(a) No. of children eligible	2,176
(b) No. of children whose parents accepted the offer of B.C.G. Vaccination	1,772 (81.4%)
(c) No. of children skin tested after elimination of T.B. contacts	1,741
(d) No. of children who were positive to skin tests and therefore did not need vaccination...	195 (11.6%)
(e) No. of children vaccinated with B.C.G.	1,494



The rate of positive reactions to the Heaf test for all children tested was 11.6%. 101 of the children tested were Indian or Pakistani in origin and of these 39 were Heaf positive, though 18 were only mildly positive reactions, giving a rate of 38.6%. Of the remainder of the children tested 156 gave positive reactions, though 126 of these were only mildly positive, giving a rate of 9.5%.

All positive reactions indicate that the children concerned have been in contact with the disease and that the reservoir of infection within the community is still very much present. One active case of tuberculosis was found following X-ray examination of these children.

Children suspected to be suffering chest ailments are referred for diagnosis and treatment to the Firs or Dudley Chest Clinics where they are kept under prolonged observation. X-ray examination and Mantoux tests are carried out where necessary as an aid to diagnosis.

#### INCIDENCE

During the year 223 children of school age, including "contacts" of known patients, came under the observation of the Chest Clinics for the first time. The findings in these cases were as follows:

			CHEST CLINIC	
			FIRS	DUDLEY
Number found non-tuberculous...	...	...	174	37
Number found tuberculous:	Pulmonary	...	1	—
	Other forms	...	—	—
Number under observation:	Pulmonary	...	4	7
	Other forms	...	—	—
Total number of attendances	...	...	930	63

## 2.—ACUTE INFECTIOUS FEVERS

#### PREVENTION

DIPHTHERIA		TETANUS		DIPHTHERIA/ TETANUS		DIPHTHERIA/ WHOOPING COUGH/ TETANUS	
F.C.	Booster	F.C.	Booster	F.C.	Booster	F.C.	Booster
—	1	7	11	217	1,327	13	24

#### POLIOMYELITIS

SABIN		TYPHOID	MEASLES	RUBELLA
F.C.	Booster			
302	2,428	25	1,828	489

#### INCIDENCE

The following table gives details of infectious disease (other than tuberculosis) notified among school children during 1970:

Dysentery	...	...	...	...	...	...	2
Measles	...	...	...	...	...	...	329
Scarlet Fever	...	...	...	...	...	...	23
Whooping Cough	...	...	...	...	...	...	58
Infective Hepatitis...	...	...	...	...	...	...	18
Typhoid	...	...	...	...	...	...	2



## WORK OF THE SCHOOL NURSES

### SCHOOLS

Assisting at School Medical Officer Sessions, including preparation	...	...	...	...	...	588
Examination of heads for nits, ringworm, etc....	...					50,451

### SCHOOL CLINICS

Inspection: Clinic Sessions	...	...	...	...	528
Treatment: Clinic Sessions	...	...	...	...	1,560
Eye Clinic Sessions	...	...	...	...	190

### HEAD CLEANSING

Number of Sessions	...	...	...	...	396
Number of Treatments	...	...	...	...	889

### VISITS TO HOUSES

Defects and "Following up"	...	...	...	...	447
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### MINOR AILMENTS

Minor ailments are treated by Health Visitors and School Nurses at all the School Clinics in the area. Full details of defects treated at these Clinics for the period under review are provided in the tables on pages 32 to 37.

### ULTRA-VIOLET RAY TREATMENT

Ultra-Violet Ray Clinics were held at Holly Lane, The Hollies, Carlyle Road and Elm Terrace. The number of children treated was 72 and 730 attendances were made.

The chief conditions for which children were referred for light treatment were adenitis, bronchitis, frequent colds, and catarrh, post-whooping cough, debility and tuberculosis contacts.

### CLINICS AND TREATMENT CENTRES

The following tables show the number of sessions held weekly at the various clinics:

#### BLEAKHOUSE ROAD CLINIC, OLDBURY

##### Minor Ailments:

Medical Consultations: 9-30—12 noon alternate Thursdays.  
Treatment: 9-00—11-00 a.m., Monday and Thursday.

Ophthalmic: 9-00—12 noon, Wednesday.

Orthoptic: 9-00—12 noon, 2-00—4-00 p.m., Friday.

Enuresis: In conjunction with Consultation Clinic.

Dental: By appointment.

BRANDHALL CLINIC, OLDBURY

Minor Ailments:

Medical Consultations: 9-30—12 noon, alternate Thursdays

Treatment: 9-00—10-30 a.m., Tuesday and Thursday.

Enuresis: In conjunction with Consultation Clinic.

CAPE HILL CLINIC, SMETHWICK

Minor Ailments:

Medical Consultations: 9-30—12 noon, Friday.

Treatment: 9-00—10-30 a.m., Tuesday, Thursday and Friday.

Enuresis: In conjunction with Consultation Clinic.

Dental: By appointment.

Audiometric: 9-15—11-00 a.m., Monday.

CARLYLE ROAD CLINIC, ROWLEY REGIS

Minor Ailments:

Medical Consultations: 9-30—12 noon alternative Mondays.

Treatment: 9-00—10-00 a.m., Monday and Friday

U.V.L.: 1-30 p.m. Monday and 9-00—10-30 a.m. Friday (to 31/3/70).

Enuresis: In conjunction with Consultation Clinic.

Dental: By appointment.

ELM TERRACE CLINIC, TIVIDALE

Minor Ailments:

Medical Consultations: 9-30—10-45 a.m.

Treatment: 9-00—11-00 a.m., Monday and 9-00—10-00 a.m. Thursday.

U.V.L.: 9-30 a.m., Monday and Thursday.

Dental: By appointment.

Enuresis: In conjunction with Consultation Clinic.

FIRS CLINIC, FIRS LANE, SMETHWICK

Minor Ailments:

Medical Consultations: 9-30—12 noon, Tuesday.

Treatment: 9-00—10-30 a.m., Daily.

Dental: By appointment.

Cleansing: 9-30 a.m.—12-30 p.m. daily.

Chest: 10-00 a.m.—12 noon, Tuesday.

Enuresis: In conjunction with Consultation Clinic.

Immigrant Medical Inspections: 2-00—4-00 p.m., Wednesday.

HARVEST ROAD CLINIC, ROWLEY REGIS

Minor Ailments:

Medical Consultations: 11-00 a.m.—12 noon, Tuesday.

Treatment: 9-00—11-00 a.m., Tuesday.

Enuresis: In conjunction with Consultation Clinic.

Audiometric: 9-30—11-30 a.m., Thursday.



**"HOLLIES" CLINIC, JOININGS BANK, OLDBURY**

**Minor Ailments:**

Medical Consultations: 9-30—12 noon, Wednesday.

Treatment: 9-00—11-00 a.m., Monday, Wednesday and Friday.

U.V.L.: 9-00—11-00 a.m., Thursday.

Enuresis: In conjunction with Consultation Clinic.

Audiometric: 9-30—11-30 a.m., Tuesday.

**HOLLY LANE CLINIC, SMETHWICK**

**Minor Ailments:**

Medical Consultations: 2-00—4-30 p.m., Thursday.

Treatment: 9-30—10-30 a.m., Tuesday, Thursday and Friday.

U.V.L.: 11-00—12 noon, Tuesday and Friday.

Ophthalmic: 3-00—4-30 p.m., alternate Mondays.

2-00—4-30 p.m., Tuesday.

2-00—4-30 p.m., alternate Thursdays.

Dental: By appointment.

Enuresis: In conjunction with Consultation Clinic.

**MACE STREET CLINIC, CRADLEY HEATH**

**Minor Ailments:**

Medical Consultations: 9-30—10-45 a.m. Tuesday.

Treatment: 9-30—10-00 a.m., Tuesday and Thursday.

Enuresis: In conjunction with Consultation Clinic.

**STANHOPE ROAD CLINIC, SMETHWICK**

**Minor Ailments:**

Medical Consultations: 9-30 a.m.—12 noon, Monday.

Treatment: 9-00—11-00 a.m., Monday, Wednesday and Friday

Enuresis: In conjunction with Consultation Clinic.

Dental: By appointment.

**TABERNACLE CLINIC, TALBOT STREET, OLDBURY**

**Minor Ailments:**

Medical Consultations: 11-00—12 noon, alternate Mondays.

Treatment: 9-00—10-00 a.m. Monday and Wednesday.

Enuresis: In conjunction with Consultation Clinic.

Dental: By appointment.

**WHITEHEATH CLINIC, HARTLEBURY ROAD, OLDBURY**

**Minor Ailments:**

Medical Consultations: 11-00—12 noon, alternate Mondays.

Treatment: 9-30—10-45 a.m., Monday.

Enuresis: In conjunction with Consultation Clinic.

# ORTHOPAEDIC AND POSTURAL DEFECTS

Children with orthopaedic defects are referred to Smethwick Orthopaedic Clinic or to local hospitals. The number of children attending Smethwick Orthopaedic Clinic during the year was 118. The Secretary of the Smethwick Clinic has kindly let me have the following summary of defects:

<i>Type of Defect</i>						<i>Boys</i>	<i>Girls</i>
Development Abnormalities:							
(a)	Knock Knees	...	...	...	...	12	6
(b)	Flat Feet...	...	...	...	...	2	3
(c)	Deformed Feet	...	...	...	...	14	13
(d)	Intoeing	...	...	...	...	3	3
(e)	Bow Legs	...	...	...	...	1	1
(f)	Hallux Valgus	...	...	...	...	1	1
Congenital Dislocation of the Hip						—	2
Spastic Conditions						3	—
Poliomyelitis						—	4
Osgood-Schlatters Disease						1	—
Miscellaneous						22	26
TOTALS						59	59

6 children were admitted to the Woodlands Hospital and 8 children were admitted to Dudley Road Hospital during the year.

## MEDICAL EXAMINATION OF CHILDREN FROM OVERSEAS

A special session is held weekly at the Firs Clinic for the examination of children, prior to entry to school, who have recently arrived from overseas. At the first visit particulars are taken, a Heaf test is performed and a specimen of faeces is requested. At the second visit the Heaf test is read and B.C.G. given to tuberculin negative children. A physical examination is carried out including a vision test. A urine specimen is taken from the child and tested and the faeces specimen is sent to the Public Health Laboratory. On the third visit the results of the tests are correlated and arrangements are made for further investigation and treatment as necessary and a fitness certificate is issued where appropriate.

During the year 197 children were examined who arrived from the following countries:—

India	...	...	81	Canada	...	...	3
West Indies	...	...	48	Jordan	...	...	2
Pakistan	...	...	47	Switzerland	...	...	2
Kenya	...	...	7	Cyprus	...	...	2
Australia	...	...	4	Poland	...	...	1



38% were found to be Heaf positive and most of these were grade 1. Three children who were grade 3 were referred to the Chest Clinic for investigation. Chest X-rays were negative and no active disease was discovered. Intestinal parasites were found in 23% of Indians, 54% of West Indians and 37% of Pakistani children. One entrant from Jordan was also found to have parasites. One child from Pakistan was found to be a typhoid carrier and was admitted to hospital for treatment.

## SPEECH THERAPY

I am indebted to Mrs. M. L. Ingamells, Senior Speech Therapist, for the following report:

On the 1st January 1970 the speech therapy waiting list stood at 405. During the year this has decreased until on the 31st December 1970 the number on this list was 120.

During the year a third Speech Therapist, Miss M. Sharpe, was appointed and she commenced duty on the 1st September. A new clinic was therefore opened at Brandhall. Many of the children on the waiting list in the Oldbury and Rowley areas were admitted to the newly opened Knowle School where they are receiving regular treatment. More treatment is also taking place in schools with children whose parents are unable to bring them to clinics. One of the reasons why the waiting list has been so large in the past is because it has not been the policy to disregard children because of lack of parental co-operation; while a child continues to have defective speech, he remains on the list. It is also the policy to give preference to children with severe defects of language or speech. Most of the children remaining on the list have slight articulation difficulties. Severe speech and language defectives must have preference in the knowledge that children who cannot express themselves adequately or be understood may become emotional and educational problems.

The policy of short term intensive therapy has continued to operate for three weeks in each school term. Groups of children are treated daily for two hours in a central clinic. Transport for these children is provided where necessary. Assessment of language and articulation before and after treatment has shown a remarkable improvement in all cases. Formerly, treatment took place once weekly for months or even years.

Following a presentation of a Paper at the National Conference of Speech Therapists, we had a number of visitors from different parts of the Country interested in setting up this type of treatment. These visiting parties consisted of medical officers, audiologists, college lecturers, head teachers and speech therapists who have watched demonstrations of the treatment given.

Children with very severe speech and language defects are admitted where possible to the Firs School where they receive treatment and continual reinforcement by the staff. It is our aim to contain this problem in the Borough and we hope that residential schooling will not be necessary.

Medical staff and educationists are becoming increasingly aware of the importance of early assessment.

Because of the decrease in the waiting list it has been possible to assess more pre-school children and this is important because growth of language takes place most rapidly in these years, slowing down in the fifth year.

It is important to advise parents how to stimulate their children in language, preferably in periods without competition from radio or television. Parents of non-communicating children tend to be content with the child who makes little demand speech-wise, that is the child who does not babble or, later, ask questions. Too late, as the child approaches school age, they realise that this constitutes a problem. A pamphlet has been produced for display in the Infant Health Clinics which gives advice to parents and urges them to seek help where necessary.

The Edith Sands Nursery has continued to admit children with severe speech and language problems in the 3 to 5 years age group for assessment and stimulation, and this is proving invaluable. Miss Chandler and her staff observe the speech and social development continually. Assessment is carried out more efficiently by medical officers and therapists in the happy school atmosphere than in irregular visits to clinics. Speech therapy is given twice weekly but most of the success we have had has depended on the staff who at all times incorporate the treatment suggested in the day to day life of the school.

The aims in 1971 will be to continue developing intensive therapy and to devote even more attention to the pre-school child.

The following is a summary of the work carried out by the Speech Therapists during the year:

1.	Under treatment at the 1st January, 1970	...	...	234
2.	Waiting List at the 1st January, 1970...	...	...	405
3.	Additions to Waiting List	...	...	152
4.	Received speech therapy	...	...	498
5.	Removals from waiting list	...	...	430
6.	Discharges: No further treatment required	...	...	178
7.	Under treatment at the 31st December, 1970	...	...	320
8.	Waiting List at the 31st December, 1970	...	...	120

M. L. INGAMELLS,  
*Senior Speech Therapist*



## EDUCATION OF HANDICAPPED PUPILS

### 1.—NEW RECOMMENDATIONS

Examinations of handicapped pupils carried out during the year resulted in the following recommendations being made:

<i>Categories</i>				<i>Boys Girls Total</i>		
PARTIALLY SIGHTED:						
Day School for Partially Sighted	...	...	—	1	1	
DEAF:						
Day School for the Deaf	...	...	—	2	2	
PARTIALLY HEARING:						
Day School for the Partially Hearing	...		4	2	6	
DELICATE AND PHYSICALLY HANDICAPPED:						
Residential School for Physically Handicapped			2	2	4	
Day Open Air School (Firs)	...	...	23	13	36	
EDUCATIONALLY SUB-NORMAL:						
Ordinary School	...	...	25	8	33	
Day Special E.S.N. School	...	...	43	23	66	
Residential Special E.S.N. School	...	...	3	—	3	
Ineducable	...	...	8	8	16	
Referred to Centre for Child Study	...	...	2	—	2	
Referred to Psychiatrist	...	...	2	—	2	
Referred to Educational Psychologist	...		1	—	1	
MALADJUSTED:						
Referred to Psychiatrist	...	...	44	19	63	
Residential School for the Maladjusted	...		2	—	2	
Residential School for Delicate Pupils	...		—	2	2	

2.—AT THE END OF THE PERIOD UNDER REVIEW THE LOCAL EDUCATION AUTHORITY WAS SUPPORTING HANDICAPPED CHILDREN AT THE FOLLOWING INSTITUTIONS AND SCHOOLS:

		Maintaining Authority	Boys	Girls	Total
BLIND AND PARTIALLY SIGHTED:					
Priestley Smith School, Perry Common Road, Birmingham, 23 ...	City of Birmingham	4	—	4	
George Auden School, Bell Hill, Northfield ... ..	City of Birmingham	5	3	8	
Lickey Grange, Bromsgrove ... ..	R.N.I.B.	—	1	1	
DEAF AND PARTIALLY HEARING:					
Burwood Park, Berkshire ... ..	Voluntary	1	—	1	
Braidwood School for the Deaf, Perry Common Road, B'ham., 23	City of Birmingham	1	4	5	
Longwill School for the Deaf, Perry Common Road, Birmingham, 23. ...	City of Birmingham	4	5	9	
Martley R.S.D.C. Worcester... ..	Voluntary	1	—	1	
Birmingham Residential School for the Deaf ... ..	Voluntary	1	—	1	
PHYSICALLY HANDICAPPED:					
Wightwick Hall, Wolverhampton ...	W'hampton	4	—	4	
Chailey Heritage, Sussex ... ..	Voluntary	—	2	2	
Bethseda School, Cheadle ... ..	Voluntary	—	1	1	
Baskerville, Birmingham ... ..	City of Birmingham	3	1	4	
Carlson House for Spastics, Harborne ... ..	Voluntary	—	2	2	
Wilson Stuart School, Birmingham ...	City of Birmingham	2	2	4	
Victoria School, Birmingham ... ..	City of Birmingham	1	—	1	
Firs School, Warley ... ..	Warley	14	12	26	
DELICATE:					
Mounton House, Chepstow ... ..	Monmouth	1	—	1	
Kingswood, Albrighton ... ..	W'hampton	—	2	2	
Heathercombe Brake School, Teignmouth ... ..	Voluntary	1	—	1	
Port Regis, Broadstairs ... ..	Voluntary	2	—	2	
Fairfield House School, Broadstairs ...	Voluntary	—	9	9	
Ogilvie School of Recovery, Clacton...	Essex	1	—	1	
Devonport Houses, Buckfastleigh ...	Voluntary	1	—	1	
Hunters Hill, Bromsgrove ... ..	City of Birmingham	1	—	1	
Firs School, Warley ... ..	Warley	27	6	33	



MALADJUSTED:				<i>Maintaining Authority</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Whittington Grange School,							
Whittington	...	...	...	West Brom.	3	—	3
Shenstone Lodge, Shenstone	...	...	...	West Brom.	—	2	2
Potterspury Lodge, Towcester	...	...	...	Voluntary	1	1	2
New Barns, Toddington	...	...	...	Voluntary	—	1	1
Burnt Norton, Chipping Campden...	...	...	...	Voluntary	1	—	1
Bodenham Manor, Hereford	...	...	...	Voluntary	1	—	1
Edward Rudolph Memorial School,							
Dulwich	...	...	...	Voluntary	1	—	1
Pontville, Ormskirk	...	...	...	Voluntary	1	—	1
Clouds House, Wiltshire	...	...	...	Voluntary	1	—	1
Firs School, Warley	...	...	...	Warley	7	3	10
EDUCATIONALLY SUBNORMAL:							
Aldwark Manor, Alne, Yorks.	...	...	...	Kingston- upon-Hull	1	—	1
Fitzwarren School, Tipton	...	...	...	West Brom.	9	4	13
Halesbury, Halesowen	...	...	...	Worcs.	11	9	20
Loxley Hall, Uttoxeter	...	...	...	Staffs. C.C.	3	—	3
Pield Heath House, Uxbridge	...	...	...	Voluntary	—	3	3
St. John's, Kemptown, Brighton	...	...	...	Voluntary	5	—	5
Beechwood School, Liverpool	...	...	...	Liverpool	—	3	3
High Close, Wokingham	...	...	...	Voluntary	—	1	1
Town Thorns, Rugby	...	...	...	Coventry	1	—	1
Spring Hill, Ripon	...	...	...	Voluntary	3	—	3
Hindley Hall School, Stockfield	...	...	...	Gateshead	1	—	1
Beacon, Lichfield	...	...	...	Walsall	1	—	1
St. Mary's Horam, Sussex	...	...	...	East Sussex	1	—	1
Arden School, Warley	...	...	...	Warley	71	56	127
Knowle School, Warley	...	...	...	Warley	84	34	118
EPILEPTIC:							
Colthurst House, Warford, Cheshire	...	...	...	Voluntary	1	—	1
Firs School, Warley	...	...	...	Warley	3	2	5
SPEECH DEFECT:							
Firs School, Warley	...	...	...	Warley	5	1	6

The following Table summarises the position as regards handicapped pupils placed and awaiting places at Special Schools at the 31st December, 1970:—

31st December, 1970:—						<i>Placed Awaiting Total</i>		
<i>Category</i>						<i>Places</i>		
Blind and Partially sighted	...	...	...	...	14	—	14	
Deaf and Partially Hearing	...	...	...	...	19	5	24	
Physically Handicapped...	...	...	...	...	48	1	49	
Delicate	...	...	...	...	47	14	61	
Maladjusted	...	...	...	...	22	6	28	
Educationally Subnormal	...	...	...	...	296	71	367	
Speech Defects	...	...	...	...	7	—	7	
Epileptic	...	...	...	...	6	1	7	
Autistic	...	...	...	...	1	—	1	

ARDEN SCHOOL

I am indebted to Mr. J. M. Adair, Head Teacher, for the following report:

One of the main features of this year has been the transfer of 26 pupils to The Knowle School, and a resultant large intake of pupils from this school's catchment area—50 in the year, which must be a record.

In May a party of boys had a Youth Hostel weekend in the Ludlow-Much Wenlock area. This was a new venture for the school and proved a great success. In September our largest party ever—44 pupils—spent a week at the Frank Chapman Centre and this was followed by a day's visit by one class for Nature Study purposes.

This Christmas term a concert was performed before an audience of parents and friends; this was an artistic success and much appreciated by visitors and performers alike.

The year saw a continuance of good provision for senior boys P.E. and Games, but this came to an end at Christmas when the teacher concerned proceeded to another post.

Once again a member of staff is attending a year's supplementary course at Birmingham College of Education; one teacher left to take up a senior remedial post under another authority and another proposes to attend a supplementary course during next year.

The 12 children who left during the year all obtained suitable jobs and one boy has been accepted for apprenticeship in the building trade.

There are two items of statistic missing this year—no children have been committed to Approved school and no pupils returned to ordinary school—what we gained upon the roundabouts we lost upon the swings.

Admissions and Discharges during the year 1970:

		Boys	Girls	Total
Number on Register at 1st January, 1970...	...	66	57	123
Number admitted during the year ...	...	29	21	50
Number discharged during the year ...	...	25	21	46
Number on Register at 31st December, 1970	...	70	57	127

Pupils discharged:

Transferred to Knowle School	...	13	13	26
Reached statutory leaving age	...	8	3	11
No longer required special educational treatment	...	—	1	1
Left district	...	4	2	6
Transferred to Training Centre	...	—	1	1
Admitted to hospital	...	—	1	1



## THE KNOWLE SCHOOL

I am indebted to Mr. E. Jones, Head Teacher, for the following report:

The School opened for the first time on the 13th April, 1970. 48 children were admitted, most of whom were accompanied by parents and had been transported to school by coach. It was an exhilarating feeling for them to enter a new school, explore its rooms and revel in the use of new books and equipment. We wondered what the children would make of a fresh start.

A medical examination took place on the 11th May, 1970—the inception of a series of regular visits by Dr. R. F. Joanes. These visits are welcomed in that they enable us to provide an extra opportunity for parents to visit the school and so help to cement a sound relationship between them and the staff. We attempted to reinforce this theme by inviting parents to accompany us to Rhyl on the 3rd July and 21 parents accepted this opportunity. The School was officially opened by Dr. Violet Parkes on the 29th September. This was a very popular event and 75% of the parents supported us on this occasion. A Black Country Fair held on the 9th November was opened by West Bromwich Albion players Jimmy Cumbes and Graham Lovett, the stalls being organised jointly by staff and parents. As a Christmas treat, 110 children and 50 adults enjoyed a performance of “Cinderella”, starring Ronnie Corbett, at the Alexandra Theatre, Birmingham.

Whilst appreciating that most of the activities mentioned have been of a social nature, this has been a deliberate policy on our part. It is intended that we now embark on meetings of a more educational nature, involving talks by people connected with the school and the children and parents in particular—i.e. the School Medical Officer, Speech Therapist, Health Visitor, School Nurse and Teachers.

Visits have been made to factories in the area including Smith Bros., Quinton, “Express and Star”, Wolverhampton, “Evered’s”, Smethwick, “Hope’s”, Smethwick, the “Birmid” and “Lucas’s”, Birmingham.

A party of boys and girls spent a week at Egmond Hall. A further party will spend a week in June 1971 in the Frank Chapman Centre. The Theatre for Youth presented “Rumpelstiltskin” for our enjoyment.

During the year, a meeting of Special School Heads provided an admirable forum for the discussion of points relevant to Special Education in the area. We understand that this is going to be a regular feature. Nothing but good can follow such meetings. It is hoped that the complement at these meetings can be extended to include all persons vitally concerned with Special Education in the Borough.

A perusal of the admission details below will not indicate that although we are, at present, up to our full recognised establishment figure, there is now a list of over fifty children awaiting entry into Special School. Our school is made up of children from 38 different schools in the Borough, indicating the general soundness of the assessment procedure. The average I.Q. for the school is 67.87%.

## ADMISSIONS AND DISCHARGES FROM THE 13TH APRIL, 1970

		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Register at 13th April, 1970	...	31	17	48
Admissions during the remainder of the year	...	53	18	71
		—	—	—
		84	35	119
Pupils discharged—Left district	... ..	—	1	1
		—	—	—
	Total	84	34	118
		—	—	—

It will be noted that there is a preponderance of boys which creates a major time table problem, mainly in craft. It has been suggested that the situation could be rectified by adjusting the next intake after Easter 1971 in the ratio of 3 : 1 girls to boys (15 girls, 5 boys).

### THE FIRS SCHOOL

I am indebted to Mrs. D. Davis, Head Teacher, for the following report:

If the success of a special school for delicate and physically handicapped pupils is to be judged by the number of children who are able to leave it, 1970 for the Firs School, was a successful year. In all, thirty children were discharged. Most of these were able to go to other schools. One, a physically handicapped girl of seventeen is to receive further education at a college for the disabled. Seven left us ready for employment.

The children admitted in place of those who left in no way affected our balance of handicaps, although, thanks to the knowledge and experience of our Physiotherapist, we are able to accommodate (successfully we believe) children with more severe handicaps. This means that we are having to acquire specialised equipment and in this connection we have been very grateful for the advice readily given, of the Head Teachers and Physiotherapists of the Birmingham Schools for the physically handicapped. We have also visited the Limb-fitting Centre at Selly Oak and made valuable contacts there.

We are steadily developing our work with those children whose speech problems are severe and because of a continued team approach by Speech Therapists, Remedial Staff and Class Teachers we are beginning to see dramatic improvement especially in the case of one aphasic little boy now starting to use language spontaneously. We are hoping to expand this work when our dream of a Therapy Room becomes a reality.

Throughout this year also, we have been much encouraged by the co-operation we have received from Head Teachers of local Secondary Schools and the interest they and their pupils have shown in our work.

Girls from Sandwell School regularly assist us in the Rolfe Street Swimming Baths so that our most handicapped children can be given personal attention in the water.



On our Sports afternoon girls from both Sandwell and Shireland Schools came to serve as judges and stewards and a geodome standing in our playground is the result of a sponsored swim organised by the Staff of Sandwell Girls' School.

There are so many contributing factors to a child's readiness to leave a school for the handicapped—not the least of these is a team approach to the problems involved. My Staff and I would do a very imperfect job if we were not so ably and fully supported by the School Health Service.

The 80 children on the Register at the 31st December, 1970 were placed in the following categories:

						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Epileptic	...	...	...	...	...	3	2	5
Maladjusted	...	...	...	...	...	7	3	10
Physically Handicapped:								
Spina Bifida	...	...	...	...	...	2	2	4
Muscular Dystrophy	...	...	...	...	...	2	—	2
Congenital Deformity	...	...	...	...	...	—	3	3
Cystic Fibrosis	...	...	...	...	...	2	1	3
Post Poliomyelitis	...	...	...	...	...	1	1	2
Heart Disease	...	...	...	...	...	—	2	2
Brittle Bones	...	...	...	...	...	—	1	1
Cerebral Palsy	...	...	...	...	...	4	2	6
Perthe's Disease	...	...	...	...	...	3	—	3
Delicate	...	...	...	...	...	27	6	33
Speech Defects	...	...	...	...	...	5	1	6

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The Bye-laws under the Children and Young Persons' Act of 1933, as amended by the Education Act of 1944, are in force in the Borough.

The number of Certificates granted during the year was 318—224 for boys and 94 for girls.

Nature of proposed employment:

						<i>Boys</i>	<i>Girls</i>
Delivering of Newspapers	...	...	...	...	...	182	34
Errands	...	...	...	...	...	17	—
Shop Assistants	...	...	...	...	...	18	46
Milk Delivery	...	...	...	...	...	5	—
Hairdressing	...	...	...	...	...	—	10
Laundry	...	...	...	...	...	—	2
Other	...	...	...	...	...	2	2
						<hr/> 224	<hr/> 94
						<hr/>	<hr/>

### SCHOOL HEALTH SERVICE COST

The approximate cost of the School Health Service during the year was £103,040.

# Part V

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory No.	Un-satisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	372	370	2	—	12	20	30
1965	1621	1614	7	—	44	112	132
1964	946	397	9	—	24	61	70
1963	129	129	—	—	5	12	16
1962	61	61	—	—	3	4	7
1961	69	69	—	—	3	1	4
1960	688	682	6	1643	18	82	84
1959	116	114	2	—	1	15	11
1958	79	78	1	—	1	7	6
1957	60	60	—	—	2	3	5
1956	918	915	3	—	34	75	92
1955 and earlier	997	996	1	—	39	34	65
Total	6065	6025	31	1643	186	426	522

Column (3) total as a percentage of Column (2) total 99.49 } to two places  
 Column (4) total as a percentage of Column (2) total 0.51 } of decimals.



## B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	3,034
Number of Re-Inspections	...	...	...	...	3,447
					Total
					6,481

## C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	50,451
(b)	Total number of individual pupils found to be infested		728
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2)), Education Act 1944	... ..	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3)), Education Act, 1944		—

## SCREENING TESTS OF VISION AND HEARING

The vision of all school entrants is tested as soon as possible after entry at the first school medical examination. Subsequent vision tests are arranged annually

The procedure commenced in 1968 has continued whereby children are given a colour vision test at the age of 11 years instead of 14 years as previously. Children over the age of 11 years will continue to be tested at the age of 14 years until the new procedure is fully operational.

The testing of hearing is carried out by school nurses on children soon after their admission to the Junior School. Any child who has a hearing loss is referred to an audiometric clinic where the audiogram is checked and further testing carried out by a Medical Officer. Children may be given advice, referred to the family doctor for treatment or where appropriate, to an ear and throat surgeon. Other children may be referred from clinics, school medical inspections or by the Speech Therapist. In other cases children are given an audiometric test when referred by a Head Teacher.

# DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

## A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections			
			Entrants	Leavers	Others	Total
4	Skin ... ..	T	18	19	23	60
		O	111	60	40	211
5	Eyes: a. Vision ... .. b. Squint ... .. c. Other ... ..	T	80	73	33	186
		O	287	124	75	486
		T	35	6	9	50
		O	55	7	22	84
		T	7	6	3	16
		O	13	24	12	49
6	Ears: a. Hearing ... .. b. Otitis Media ... .. c. Other ... ..	T	15	5	11	31
		O	92	16	39	147
		T	4	3	6	13
		O	135	16	41	192
		T	1	1	1	3
		O	14	5	6	25
7	Nose and Throat ... ..	T	21	7	17	45
		O	361	57	89	507
8	Speech ... ..	T	21	1	5	27
		O	89	9	19	117
9	Lymphatic Glands ... ..	T	1	—	—	1
		O	136	17	37	190
10	Heart... ..	T	2	1	3	6
		O	64	23	14	101
11	Lungs ... ..	T	9	4	—	13
		O	168	44	59	271
12	Developmental: a. Hernia... .. b. Other ... ..	T	7	—	2	9
		O	24	2	10	36
		T	14	—	9	23
		O	99	10	35	144
13	Orthopaedic: a. Posture ... .. b. Feet ... .. c. Other ... ..	T	1	3	3	7
		O	47	41	25	113
		T	13	9	4	26
		O	166	58	50	274
		T	8	9	—	17
		O	83	51	32	166
14	Nervous System: a. Epilepsy ... .. b. Other ... ..	T	—	1	5	6
		O	12	3	9	24
		T	1	1	5	7
		O	49	11	24	84
15	Psychological: a. Development ... .. b. Stability ... ..	T	1	1	2	4
		O	79	10	37	126
		T	1	4	—	5
		O	113	58	89	260
16	Abdomen ... ..	T	3	2	1	6
		O	24	10	15	49
17	Other... ..	T	10	10	11	31
		O	48	58	19	125



## B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Pupils Requiring	
4	Skin... ..	T	12
		O	4
5	Eyes:		
	a. Vision ... ..	T	1
		O	—
	b. Squint ... ..	T	1
		O	—
	c. Other... ..	T	4
		O	—
6	Ears:		
	a. Hearing ... ..	T	1
		O	1
	b. Otitis Media ... ..	T	1
		O	—
	c. Other... ..	T	1
		O	—
7	Nose and Throat ... ..	T	4
		O	5
8	Speech ... ..	T	1
		O	—
9	Lymphatic Glands ... ..	T	1
		O	1
10	Heart ... ..	T	1
		O	2
11	Lungs ... ..	T	2
		O	4
12	Developmental:		
	a. Hernia ... ..	T	—
		O	—
	b. Other... ..	T	1
		O	1
13	Orthopaedic:		
	a. Posture ... ..	T	1
		O	3
	b. Feet ... ..	T	5
		O	2
	c. Other... ..	T	6
		O	4
14	Nervous System:		
	a. Epilepsy ... ..	T	1
		O	1
	b. Other... ..	T	3
		O	16
15	Psychological:		
	a. Development ... ..	T	1
		O	15
	b. Stability ... ..	T	5
		O	17
16	Abdomen ... ..	T	7
		O	3
17	Other ... ..	T	70
		O	8

TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING  
NURSERY AND SPECIAL SCHOOLS)

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	107
Errors of refraction (including squint) ...	130
Total	237
Number of pupils for whom spectacles were prescribed ... ..	740

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear ... ..	—
(b) for adenoids and chronic tonsillitis...	6
(c) for other nose and throat conditions	—
Received other forms of treatment ... ..	59
Total	65
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids:	
(a) during the calendar year 1970 ...	2
(b) in previous years ... ..	16

C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments ... ..	118
(b) Pupils treated at school for postural defects	6
Total	124



## D.—DISEASES OF THE SKIN

(excluding uncleanness)

	Number of cases known to have been treated
Ringworm: (a) Scalp ... ..	3
(b) Body ... ..	12
Scabies ... ..	23
Impetigo ... ..	98
Other skin diseases ... ..	997
Total	1133

## E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	66

## F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	498

## G.—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments ... ..	2,345
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	1
(c) Pupils who received B.C.G. vaccination...	1,494
(d) Other than (a), (b) and (c) above: U.V.L.	72
Total	3,912

# DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

## 1.—INSPECTIONS

		Number of Pupils		
		Inspected	Requiring Treatment	Offered Treatment
(a) First inspection—School	...	14,235	} 11,407	} 10,513
(b) First inspection—Clinic	...	2,321		
(c) Re-inspection— School or Clinic	... ..	209	191	191
Totals	...	16,765	11,598	10,704

## 2.—VISITS

	Ages 5—9	Ages 10—14	Ages 15 & over	Total
First visit in the calendar year	3,292	2,493	554	6,339
Subsequent visits	6,812	6,890	1,591	15,293
Total visits	10,104	9,383	2,145	21,632

## 3.—COURSES OF TREATMENT

Additional courses commenced	86	63	17	166
Total courses commenced	3,378	2,556	571	6,505
Courses completed				4,885

## 4.—TREATMENT

Fillings in permanent teeth	4,236	8,078	2,199	14,513
Fillings in deciduous teeth	4,857	394	—	5,251
Permanent teeth filled	3,203	6,610	1,929	11,742
Deciduous teeth filled	4,246	350	—	4,596
Permanent teeth extracted	193	826	252	1,271
Deciduous teeth extracted	3,009	1,055	—	4,064
Number of general anaesthetics	798	231	24	1,053
Number of emergencies	132	63	6	201



Number of pupils X-rayed...	...	...	...	...	...	486
Prophylaxis ...	...	...	...	...	...	3,606
Teeth otherwise conserved...	...	...	...	...	...	768
Teeth root filled	...	...	...	...	...	36
Inlays...	...	...	...	...	...	1
Crowns	...	...	...	...	...	30

5.—ORTHODONTICS

New cases commenced during the year	...	...	...	...	80
Cases completed during the year	...	...	...	...	38
Cases discontinued during the year	...	...	...	...	7
Number of removable appliances fitted	...	...	...	...	102
Number of fixed appliances fitted...	...	...	...	...	0
Number of pupils referred to Hospital Consultants	...	...	...	...	51

6.—DENTURES

	Ages 5—9	Ages 10—14	Ages 15 & over	Total
Number of pupils fitted with dentures for the first time:				
(a) with full denture ...	—	—	—	—
(b) with other dentures ...	—	9	6	15
Total ...	—	9	6	15
Number of dentures supplied (first or subsequent time) ...	—	9	6	15

7.—ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	—
--	---

8.—SESSIONS

	Admini- strative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		In- spection at School	Treat- ment	Dental Health Education	Treat- ment	Dental Health Education	
Dental Officers (including P.S.D.O.)	223	88	2,584	71	69	10	3,045
Dental Auxiliaries	—	—	450	77	25	11	563
Dental Hygienists	—	—	—	—	—	—	—
Total	223	88	3,034	148	94	21	3,608

THE FOLLOWING FIGURES EXTRACTED FROM THE MAIN DENTAL INSPECTIONS AND TREATMENT TABLE GIVE SUPPLEMENTARY INFORMATION CONCERNING WORK CARRIED OUT BY THE DENTAL AUXILIARIES

VISITS (for treatment only)

	Ages 5—9	Ages 10—14	Ages 15 & over	Total
First visit in the calendar year	219	138	34	391
Subsequent visits ... ..	1,339	698	181	2,218
Total visits ... ..	1,558	836	215	2,609

COURSES OF TREATMENT

Additional courses commenced	—	—	1	1
Total courses commenced ...	219	138	35	392
Courses completed ... ..				1,322

TREATMENT

Fillings in permanent teeth ...	426	248	75	749
Fillings in deciduous teeth ...	818	25	—	843
Permanent teeth filled ...	312	196	57	565
Deciduous teeth filled ...	712	25	—	737
Deciduous teeth extracted ...	16	10	—	26
Prophylaxis ... ..				1,491





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